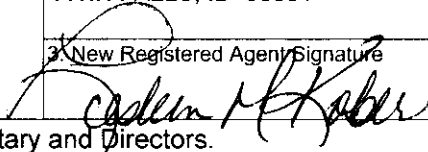
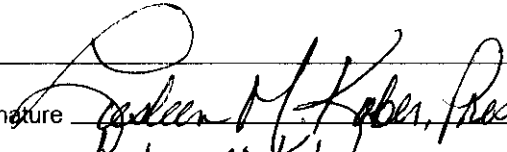


No. C 62653	Due no later than Dec 31, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX LARRY W KOBER <i>Lesleen M Kober</i> 559 WOODLAND DR TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KOBER FARMS, INC. LARRY W KOBER <i>Lesleen M. Kober</i> 559 WOODLAND DR TWIN FALLS, ID 83301	3. New Registered Agent Signature 
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<i>President</i>	<i>Lesleen M. Kober</i>	<i>559 Woodland Dr. Twin Falls Id 83301</i>
<i>Secretary</i>	<i>Charleen M. Thompson</i>	<i>263 High Street Bliss Id 83314</i>
<i>Treasurer</i>	<i>Lesleen M. Kober</i>	<i>559 Woodland Dr. Twin Falls, Id 83301</i>
5. Organized Under the Laws of: IDAHO C 62653		6.  Signature _____ Date <i>Oct 10, 2000</i> (Typed or Printed) <i>Lesleen M Kober</i> Title: <i>President</i> Name _____

Issued 10/02/2000

Do Not Tape or Staple

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